



OCONEE COUNTY, SC BUILDINGS

CAPITAL ASSET CORRECTION

Please enter
Asset Tag #

**Submitting accurate and timely forms is crucial to providing Council, the Administrator, management, and others with the accurate financial reports.
PLEASE PROCESS PROMPTLY!**

This form must be completed when corrections need to be made to an existing asset record.

Dept. Name/#: _____ Correction Date: _____

Location/Address: _____ Tax Map #: _____

Year Constructed: _____ Square Footage: _____ Construction Type/Material: _____

What information is being updated/changed on this asset? (e.g. description, location, serial number, etc.)

Original information: _____ Updated information: _____

Original information: _____ Updated information: _____

Original information: _____ Updated information: _____

Reason for the change or update of information for this asset: _____

Additional Notes/Comments: _____

Authorized Signature _____

Date _____

Finance Use ONLY

Entered in CSI by: _____ Date: _____

Finance Notes: _____